

- \*Addressee
- \*Addressee
- \*Addressee
- \*Addressee

RE: \*Project Name AB Project Number  
\*Address  
\*City, State, Zip  
\*Response letter and plans dated >insert date<

## CORRECTIVE MODIFICATIONS - DISAPPROVED

Dear Addressee

We have reviewed your submittal regarding corrective modifications for the referenced facility and updated records accordingly; however, some items are still not in compliance with the requirements of the Texas Architectural Barriers Act, Article 9102, Texas Civil Statutes.

Please correct the remaining non-complying items noted on the enclosed report and submit verification of completed corrections (in writing) to this office no later than **>insert date<**.

If you have any questions contact >name of RAS< at >phone #<. Please reference the Department assigned project number in all future correspondence pertaining to this project.